

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

RECEIVED
4/24/22 AM
ARK PUBLIC SERVICE COMM
AUDIT SECTION

NAME TouchTone Communications, Inc.
(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 3 Wing Drive, Suite 103, Cedar Knolls, NJ 07927
(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # 779
(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



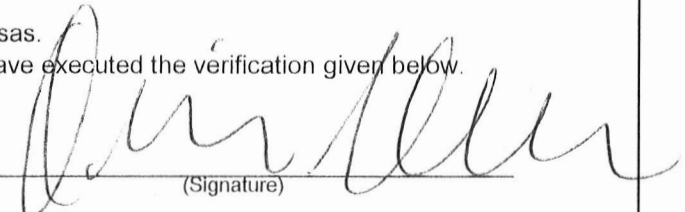
COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2021

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
Post Office Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of TouchTone Communications, Inc.
(Company)
of 3 Wing Drive, Suite 103, Cedar Knolls, NJ 07927 for the year ending December 31, 22021. This report is submitted in
(Location)
accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.
The following report has been carefully examined by me, and I have executed the verification given below.


(Signature)

Attorney in fact
(Title)

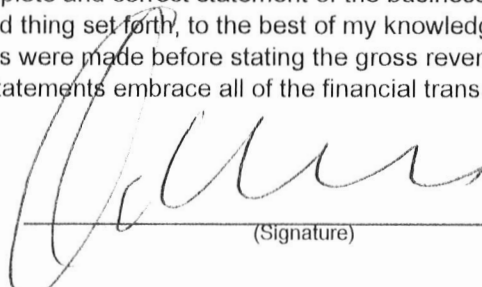
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VERIFICATION

STATE OF Georgia)
) ss.
COUNTY OF Douglas)

I, the undersigned, _____ Orvin Moore, Attorney in fact _____ of the
(Name and Title)

TouchTone Communications, Inc. _____, on my oath do say that the following report has
(Company)

been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.


(Signature)

Subscribed and sworn to before me this _____ 28th _____ day of _____ Mar 22
My Commission Expires _____




(Signature of Notary)

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name Orvin Moore Title Attorney in fact

Address 3575 Piedmont Rd NE Bld 15 Ste. 1550; Atlanta, GA 30305

Telephone Number 404-835-6347

E-Mail orvin.moore@claconnect.com

Give the name, address, telephone number and e-mail address of the resident agent:

Name Cogency Global, Inc Telephone Number 800-927-9800

Address 1215 Twin Lakes Drive, Little Rock, AR 72205

E-Mail _____

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

TouchTone Communications, Inc.
2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

(a) (b) 3 Wing Drive, Suite 103,
Cedar Knolls, NJ 07927
3. Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

(a) () Electric, () Gas, () Water, (X) Telephone, () Other

(b) () Proprietorship, () Partnership, () Joint Stock Association,
() Corporation, () Other (describe below):
4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

(a)

(b)
5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

(a) Delaware

(b) 1/30/2002

(c) General Corporation Law
6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:
7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

(a)

(b)

(c)

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

(a)

(b)

(c)

(d)

9. Was respondent subject to a receivership or other trust at any time during the year?
If so, state:

No

(a) Name of receiver or trustee: _____

(b) Name of beneficiary or beneficiaries for whom trust was maintained:

(c) Purpose of the trust: _____

(d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition
of respondent: (1) _____ (2) _____

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the
past year? NO If so,

(a) Indicate the applicable one by an X in the proper space:

() Guarantor, () Surety, () Principal--obligor to a surety contract,
() Principal--obligor to a guaranty contract.

- (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

| Name of Director | Office Address | Date of Term | |
|------------------|---------------------------------------|--------------|-----|
| | | Beginning | End |
| Pino Bio | 3 Wing Drive, Suite 103, Cedar Knolls | Perpetual | |
| Greg Glodek | 3 Wing Drive, Suite 103, Cedar Knolls | Perpetual | |
| | | | |
| | | | |
| | | | |

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

| Title | Name of person holding office at close of year | Office Address |
|-----------|------------------------------------------------|--------------------------------|
| President | Pino Bio | 3 Wing Drive, Suite 103, Cedar |
| CFO | Greg Glodek | 3 Wing Drive, Suite 103, Cedar |
| | | |
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REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

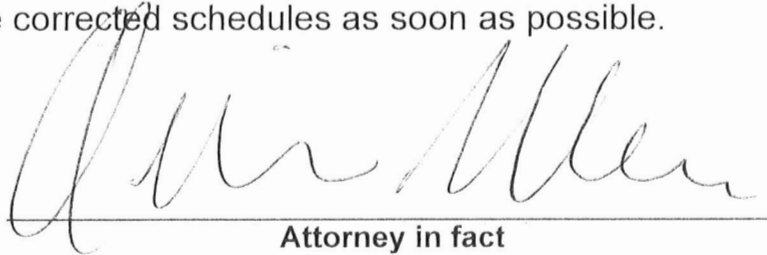
| GROSS ASSESSABLE REVENUES | |
|-----------------------------------------------------------------|----------|
| Description | Amount |
| ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls) | \$42,290 |

LOCAL EXCHANGE SERVICE STATISTICS

| ACCESS LINES | ARKANSAS |
|---------------------------------------------|----------|
| Residence | 70 |
| Business | |
| TOTAL RESIDENTIAL & BUSINESS ACCESS LINES | 70 |
| PBX Access Lines | |
| Coin or Credit Card Paystation Access Lines | |
| Company Official Access Lines (Numbers) | |
| TOTAL ACCESS LINES | 70 |

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

A handwritten signature in cursive script, appearing to read "Jim Allen", is written over a horizontal line.

Attorney in fact

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

COMPANY CONTACTS

| Company Information | |
|-----------------------------------------------------------|-------------------------------------------------------------|
| Company Name | TouchTone Communications, Inc. |
| dba | |
| Official Mailing Address | 3 Wing Drive, Suite 103, Cedar Knolls, NJ 07927 |
| Mailing Address for APSC Annual Assessment Invoice | 3575 Piedmont Rd. NE, Bld. 15 Suite 1550; Atlanta, GA 30305 |

| AREA | PERSON TO CONTACT | PHONE # | FAX # | E-MAIL |
|------------------------|-------------------|--------------|--------------|------------------------------|
| Annual Report | Damon Beasley | 404-835-6347 | 678-487-8808 | damon.beasley@claconnect.com |
| APSC Annual Assessment | Daniel Velez | 973-352-6076 | 973-352-6076 | regulatory@touchtone.net |
| Tariffs | Daniel Velez | 973-352-6076 | 973-352-6076 | regulatory@touchtone.net |
| Property Taxes | Daniel Velez | 973-352-6076 | 973-352-6076 | regulatory@touchtone.net |
| Regulatory Affairs | Daniel Velez | 973-352-6076 | 973-352-6076 | regulatory@touchtone.net |

Please list the number of utility employees located in Arkansas None .